

## ATTACHMENT A

### FY07 Core Public Health Functions Monitoring Tool Center for Local Public Health Services

#### Optional Deliverables for 4.1.1, 4.1.2, or 4.1.3

##### Administrative Review

☐ Yes

☐ No

Agency \_\_\_\_\_

Date \_\_\_\_\_

CLPHS Staff \_\_\_\_\_

<b>4.1.1</b>	<b>Community Health Assessment</b>
<input type="checkbox"/>	<p>The agency submitted a complete Community Health Assessment with required elements. (See Contract element 5.0, Definitions/References.)</p> <p><b>Y N</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Analysis of health indicators that encompass county demographics, education, socioeconomic, environmental health risks, public safety, maternal and child health, disease prevalence, nutritional status, healthcare systems and community health resources data.</p> <p><input type="checkbox"/> <input type="checkbox"/> The agency utilized MDHSS data sets (i.e., MICA) and/or other credible data sources.</p> <p><input type="checkbox"/> <input type="checkbox"/> Summary of Findings that identifies at least 3 public health priorities.</p>
<b>Notes:</b>	Date of review: __/__/____
<b>4.1.2</b>	<b>Planning and Policy Development</b>
<input type="checkbox"/>	<p>The agency submitted a Health Improvement Initiative/Action Plan that addressed a public health priority identified through a Community Health Assessment with required elements.</p> <p><b>Y N</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Evidence that the agency utilized current editions of best practices and evidence-based strategies that are recommended to improve the identified health issue in plan and policy development. (See Contract element 5.0, 5.5 and 5.6, Definitions/References.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Evidence of an inventory of public policy, population-based strategies, and community physical environment that already exists to support improvement in the priority issue.</p> <p><input type="checkbox"/> <input type="checkbox"/> Identification of barriers to adopting and/or changing policy interventions.</p> <p><input type="checkbox"/> <input type="checkbox"/> Evidence of an action plan that identifies the targeted group(s), geographic area(s), action(s)/activity(ies), person(s) responsible, partners needed, time line, intended outcome, and evaluation methods. (See Contract element 5.7)</p> <p><input type="checkbox"/> <input type="checkbox"/> Summary reports of community collaborative meetings and activities demonstrating community involvement in the development of the health improvement initiative/action plan.</p>
<b>Notes:</b>	Date of review: __/__/____

4.1.3	<b>Assurance</b>
<input type="checkbox"/>	<p>The agency submitted a community report that described progress in implementation of a Health Improvement Initiative/Action Plan(s).</p> <p><b>Y   N</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Identification of a key health issue and the community impact.</p> <p><input type="checkbox"/> <input type="checkbox"/> Identification of key community organizations involved in implementation of the Health Improvement Initiative/Action Plan, and their roles.</p> <p><input type="checkbox"/> <input type="checkbox"/> Evidence of a completed and/or ongoing quality improvement evaluation plan that measures achievement and plan outcomes. Evaluation should contain identification of how progress was measured and data collected.</p> <p><input type="checkbox"/> <input type="checkbox"/> Evidence that the general public and specific population groups were informed regarding community health priorities, with supporting health data. (such as kinds of media used, and the frequency of dissemination of health information related to the priority health issue.)</p> <p><input type="checkbox"/> <input type="checkbox"/> The agency demonstrated evidence of policy adaptation or change.</p>
<b>Notes:</b>	Date of review: __/__/____